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Mobilising Social Capital in Healthcare Industry of Pakistan

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ABSTRACT

This study intended to learn the mobilization of social capital for the access to better health care facilities emphasizing the role of religiosity culture and social identity. Social capital was limited to religiosity culture and the social identity using the bonding and bridging concepts for this study. The three variables gauged in the study were social capital, religiosity culture and social identity which are barely used for the health care industry. The target population was public health care practitioners of the Federal Capital with sample size of 215 doctors and nurses over a period of six months. The data was quantitative and analyzed through co-relational tests. Questionnaire was developed for the study using the validity and reliability statistics. However, the results from the study reflected the significant impact of religiosity culture and social identity. Thus, it was concluded that positive and negative externalities affect the social identity in the creation of social capital. The findings of this study can provide a framework for future reference and to the policy makers in enhancing the social responsibility through mobilization of social capital of healthcare professionals in the industry.

Keywords
Social Capital; Bridging; Bonding; Individualistic approach; Collective approach; Religiosity culture; Social identity;

JEL Classification
I11, I10, N03, Z12

1. Introduction

In Healthcare industry, the interest of social capital is increasing at a very rapid rate(Pitkin Derose and Varda, 2009).Scientists analyzed the importance of social capital in different domains for different countries including Pakistan(Gupta et al., 2017). This study aims to learn the mobilization of social capital for the access to the better healthcare facilities. All the major details of the study including Research Problem, Background, Conceptual Definitions, and Aim of this study are discussed in this section.

1.1 Research Problem

The inspiration for this research problem arises from the neo-tocquevillean philosophy

that performance of public life and social institutes are affected by the social norms and civic engagements (Sander and Putnam, 2010). Therefore, social capital and religiosity culture with the dimensions of norms and values will affect the social responsibility of the healthcare practitioners. Also the theory lacks certain dimensions of social capital when studied in relation with social responsibility i.e. structural and cognitive. So, there is a need to study the social capital with the social responsibility and religiosity culture and social identity for the performance of social institutes and improved public life.

1.2 Background of the Study

In Pakistan last decade brought reforms in the health sector and the consequences as well. These reforms addressed the ongoing process of devolution-decentralization since the annulment of 18th amendment. Decentralization is allocating authority where the decision makers are and those who have the knowledge but the decision making comes with the responsibility. In the case of health sector, the responsibility is towards the society. According to UNDP (1997), decentralization is re-formatting and re-organizing authority with the intention of creating co-responsibility at multiple levels bestowing good governance. The responsibility does not only lie with the authority nonetheless with the health practitioners.

The model that was adopted required the state to develop a monitoring and appraisal system for the provinces regarding the authority and responsibility. The fulfillment of the duty is not only the responsibility assigned but also the moral obligation of the health practitioners as well. The Constitutional provision implies upholding social justice and minimizing inequities in the society. Inequities exist in the health sector at provincial level and repercussions for the well-being of society and endorsing health facilities(Nishtar et al., 2010). It was suggested that the health policy should have high level norms, values, principles a standard. Members of the society are mobilizing their referrals and finding access points to better health care services. The social capital in this context is created by the social groups of similar religious and identity groups. The health sector of federal is selected for the study because of the ease of access to the information and for the reason that national health subjects and their responsibilities are delegated to the federal institution (Nishtar et al., 2010). The situation provides the opportunity of studying responsibility of the health practitioners towards society and social actors.

1.3 Conceptual Definitions

When a term is created it leads to the expansion of a concept however, the mushroom growth in the field of Social Capital in 1970's, when researchers from diverse backgrounds borrowed concepts from their respective fields to place it below t he "Umbrella-concept" of Social capital; it was not sure "whether more was achieved or lost" (Farr, 2004; Hirsch and Levin, 1999).It is based on the relationships quality build by an organization with various stakeholders (Servaes and Tamayo, 2017). Putnam's definition on social capital suggests that it is an association constituted voluntarily, or the so-called social networks, along with social or interpersonal

trust. His central argument revolved around the notion that citizens organizing into social networks and organizations on a voluntary basis develops and generates (generalized) trust among people(Putnam, 2000).

According to(Portes and Landolt, 1996)social capital resides in family units, communities and developing cities hence every positive thing in the social life was associated with the social capital. This uncertainty in the usage of the term still exists in the literature because of the evolution of concept from individual, collective level to national level. This barred the expansion of the concept on the individual level which was based on the network ties that an individual builds relations especially for the material gains and benefits (Hagan et al., 1996; McLanahan and Sandefur, 1994). It is believed that in absence of optimal investment in social capital by the firms, there is a lower tendency in investment returns pertaining to intellectual, physical and even human capital. It is defined that the Social capital incorporates networks based on social bonds, their reciprocities and value gained out of these businesses (Sen and Cowley, 2013).(Farooq et al., 2019), suggests that this commonality of religions serve as the basis of strengthening these relationships. Also, the understanding of social capital is based on environmental, cultural and political ties (Hao et al., 2018).

Identity-bridging social capital accentuates the debate of diversity as it focuses on the need for cooperation and mutual respect. This pooling in the values and lifestyles of the diversified groups require the cooperation and mutual respect (Sander and Putnam, 2010). Identity is also defined through its function of mediating power through prestige, and can consist of economic, social or cultural capital which is a building block of the developed state. Perceived Identity also plays role in social responsibility i.e., socially responsible acts may create identity or are in themselves source of identity or can be symbolized in a way that increases and signals prestige. According to the actor if the action is aligned with his preferences then his perceptions of value and honor will be augmented (Wuthnow, 2000). The perceived identity of an individual in a social unit is the source of social capital arising from his collective action on the part of the group or having a responsibility towards it.

Also, in this point of view, companies are increasing the extent of their Corporate Social Responsibility for three major reasons: to achieve competitive advantage, to enhance the employees' productivity, and to erase the stigmatized image (if any) in the minds of employees that causes hindrances to reach the job satisfaction at an optimal level (Flammer and Luo, 2017). The immature development of the concept excluded all the other possible causes ofaltruistic behavior and effectiveness of the community (Portes, 2000).

The two major dimensions of social capital in bonding and bridging is based on the diversity and the number of ties are nevertheless one of the most pertinent factors of workforce diversity is religion in global enterprises(Hitt et al., 2002).Thus the research aimed to link other possible causes of altruistic behavior with the social capital such as culture and identity. Themain objective of this research was to define social capital using the bridging and bonding

concept using the internal and external ties approach. Further this research study utilizes the religiosity culture and social identity for the bridging and bonding concepts in the healthcare industry of Pakistan.

1.4 Aims and Significance of the Research

The proposition for this study was that social capital will affect social responsibility with religiosity culture and social capital moderating the relationship. The aim of the research was to study the relation of social capital and social responsibility for the health care practitioners with culture and identity being the agent in between. It aimed to fill gaps in literature by (i) integrating the process of creation, formulation and operation; (ii) providing social responsibility as the motive for the formulation of social capital; (iii) employing bridging and bonding concepts for the creation of social capital; and, (iv) utilizing the three dimensions of social capital i.e., relational, structural and cognitive, with both the approaches. Thus, the ultimate motive of social capital for instigating the social responsibility in the health care practitioners is achieved.

2. Literature Review

The term social capital is quite frequently used in the literary circles now-a-days in different contexts and holding diversified meanings. Business community relationships operating in developing countries require the advancement of endogenous theories (Jamali and Karam, 2018). The discussion ofwhat isactually social capital is still going on as it is a concept with roots deep in many domains. The debate of social capital was already geared up when the term social capital was first cited in the works of (Hanifan, 1916) who defined it as neighbor coming into contact with other neighbors and they coming in contact with others for the accumulation of social capital (Maak, 2007). The concept of social capital dates back toearly nineteenth century capitalist theory when social economists like Marx, Hume and Smith studied the society. The use of the term in nineteenth and eighteenth century suggested that term social capital is geared up for the conceptdevelopment. Social Capital has been defined from the individual's point, collective aspect and later on the literature established it is the combination of both individual and collective efforts.

Earlier on, Coleman's (1988) definition ofsocial capital suggests that it is a collection of multiple entities which hastwo common facets among them: they facilitate certain actions in collaborationofperformers and uphold a certain social structure. (Quigley, 1996)definedsocial capital as having the characteristicsoftrust and shared values which enable collaboration among the social units for mutual benefit. Similarly, (Cohen and Prusak, 2002)defined social capital as an active stock of links among people sharing values, mutual understandings, trust and behaviors which bind the network members and facilitate cooperation.

(Bourdieu and Wacquant, 1992)identifysocial capital as the actual or virtual resources in sum, inherent in a group or an individual viamutual acquaintances and recognition that structures a network. (Portes, 1998)defined the social capital as securing benefits by being the member of a

social network. Social capital when defined from the perspective of both the individualistic and collectivist approaches is based on the potentiala n d a c t u a l resources rootedwhich are rooted derived from the relationships which are linked and possessed by asocial unit or an individualmaking it accessible through them (Nahapiet and Ghoshal, 1998). This definitionis now usedto define the social capital as it follows both the approaches. (Woolcock and Narayan, 2000)termed thatsocial capital is an attribute which facilitates collective acting. It engulfs all the characteristics that servein the formationof social capital. Whereas, (Adler and Kwon, 2002)entail the attributes of social capital as network, relationships, norms, trust and goodwill. These authors focused on the three different yet important aspects of the social capital i.e., how it is formulated, purpose of formulation and how it willoperate.

Religiosity is a subjective concept and varies in terms of personal and public religiosity since the effects of individual religiosity are theorized to be relative to the norms of one's social environment(Hayward and Kemmelmeier, 2011).According to (Wuthnow, 2002) the bonding refers to the interpersonal cohesion in the members of small groups, local communities and etc., on the long term and it occurs in the identical groups more easily endowing emotional support and friendship. The identification could be based on the race, gender, religion, culture or both the culture and religion simultaneously, forming a religiosity culture. In this context culture refers to extent to which norms and behaviors direct relations. It is a set of standard norms and values directing individual's behavior of a group or social unit. While these are sometimes spelled out in formal contracts, often they are simply understandings that evolve within the dyad and the network"(Gulati et al., 2000). However, the culturally obliged involvement in the religious acts comes under the domain of culture.

Religious attachments are also a source of networks and may be one source of such networks where worshippers get together might be a place individual's meet influential people to form ties. The bonding conept is focused on the relations internal to the society and organization. The Religiosity culture was first acknowledged by (Durkheim, 1947) as ultimate superiority of society as accepted religious beliefs over the inferior individual. Since the religion determines people's behavior (Sadler, 1970) directly through the taboos and rules stimulated (MacDonald, 1986) and indirectly through the institutionalizing code of conduct and behaviors acceptable and prioritizing them (Sood and Nasu, 1995). (Wuthnow, 2000) used religious involment as a status-bridging social capital. Nevertheless, religiousity culture has its implications on the individual level within homogeneous group although it lacks the empirical analysis as an individual is a part of as different groups simulataneously having diverse goals. Thus, the religiosity culture will be used to measure the socail capital internal to the group or social unit with which they identify on the basis of shared culture and goals only. In this sense culture is a fixed locale that outlines the identity and will affect it.

The bridging concept encompasses the formation of ties across the social units of citizens who donot essentially share the same social identity but works for the harmony and mutual respect (Poortinga, 2006). It is also defines as the external resources inherent in network ties

and relations of the social network (Bourdieu and Wacquant, 1992). The scope of the bridging is to develops ties with the hetrogeneous groups and linking them to form a large society to fortify it(Paxton, 1999). Thus, the bridging concept is related to the external relations on the individual or collective level and will help in maintaining the access to resources. The bridging concept promotes civic responsibilty, increases tolerances and boosts coopertion to address the larger societal issues(Portes and Landolt, 1996; Skocpol and Fiorina, 1999). Bridging is not easy to create and sustain because the actors are required to interact outside their social circle and in communities helping in managing the diversified groups and cultivate collaboration.

Thus the Identity-bridging social capital includes classification of ethnicity, religious traditions, origion and race embedded in the culture and sub-culture differentiating them on their value system and preferences. This classification is based on what people think of "us" and what is their perception of themselves. Consequently, the identity of an individual becomes the source of the capital creation (Wuthnow, 2002). Investment in the internal ties enhances the collective identity and the collective action. (Tajfel and Turner, 2004) states that the individual's knowledge that he belongs to certain social groups having emotional and value significance to him for that certain group membership is social identity. According to (Mael and Ashforth, 1992) it is individual's perception of oneness or belongingness to an organization, where he defines one's self in terms of the organization in which he holds a membership.

Table 1: Summary of Review of Literature on Social Capital

Group	Author	Approaches	Key Terms
I	(Coleman, 1988)	InIndividualisticApproach	Socialstructureand actors.
	(Quigley, 1996)		Networks, norms and trust.
	(Cohen and Prusak, 2002)		Trust, values, understanding and behaviors.
II	(Bourdieu and Wacquant, 1992)	Collective Approach	Acquaintances and recognition for networkstructure.
	(Portes, 1998)		Securing benefits bybeing a member.
III	(Nahapiet and Ghoshal, 1998)	Individualistic and Collective Approach	Sum of actual and potential resources and accessible through social unit.
	(Woolcock and Narayan, 2000)		Attributesthat facilitates acting collectively.
	(Adler and Kwon, 2002)		Attributes: networks, relationships, norms, trust and goodwill.

In the Table 1 above, three patterns emerged based on the literature above individualistic, collectivist and individualistic-collectivist approaches with regards to the development of term social capital over the period.

Further to this social capital was classified on the basis of bridging and bonding concepts (Gittell and Vidal, 1998; Wuthnow, 2002). Bonding focuses on the "actual or potential" social capital of a group or society inherent in their structures, shared norms and values (Coleman, 1988). Bonding pertains to the ties that humans build for the social cohesion with the particular group with which they identify (Harpham et al., 2002). To build the network and ties the individuals tap into cultural, ethnic or religious social repositories. According to (Wuthnow, 2002)the bonding refers to the interpersonal cohesion in the members of small groups, local communities and etc., for a longer period among the members of identical groups establishing emotional support and friendship. The individuals identify with each other based on the race, gender, religion, culture or the culture & religion simultaneously, known as religiosity culture. In this context culture refers norms and behaviors impacting relations; a set of standard norms and values directing individual's behavior of a group or social unit. Further to this religious attachment provide a source of networking, a place where worshippers get together and meet people of means to form ties.

The Religiosity culture was first acknowledged by (Durkheim, 1947) as the society's religious beliefs takes precedence over the individual's inferior belief system. Since the religion determines people's behavior (Sadler, 1970)directly through the taboos and rules stimulated (MacDonald, 1986)and indirectly through the institutionalizing code of conduct and behaviors acceptable and prioritizing them (Sood and Nasu, 1995). Nevertheless, religiosity culture has implications within homogeneous (same) groups as an individual can be a part of various social groups simultaneously having diverse goals. This study will assess the impact of religiosity culture on the social capital internal to asocial unit with which they identify on the basis of shared culture and goals.

Bridging focuses to develop ties with the heterogeneous groups and linking them to form a large society to fortify it (Paxton, 1999). However, social units of citizens might not essentially share the same social identity but works for harmony and mutual respect (Poortinga, 2006). The social identity can be derived from any association with a social unit other than that of ethnicity, race or culture. (Granovetter, 1977)Insisted for the strong mutual ties however he emphasized the importance of weaker ties that helps an individual to connect with social groups and units outside his comfort zone for individual growth and creating large diverse groups. Bridging social capital is not easy to create and sustain because the actors are required to interact outside their social circle and in communities helping in managing the diversified groups and cultivate collaboration along with their differences. Thus the Identity-bridging social capital's classification is based on what people think of "us" and what is their perception of themselves; the identity of an individual becomes the source of the capital creation. (Tajfel and Turner, 2004)suggest the knowledge of an individual on his affiliation to a certain social group may serve in reflecting emotional significance to him for that certain group membership is social identity. According to (Mael and Ashforth, 1992)it is individual's awareness of belongingness with an organization or oneness with that group, where he defines one's self in terms of the social unit of which he holds a membership. Identity is also defined through its mediating power and functions through the prestige based on social, economic or cultural capital which is a building block of the developed state.

3. Conceptual Framework

The review of literature above indicates some deficiencies that authors have defined over the years in terms of approaches and basis of creation i.e., bridging & bonding. As per the Table 1.1Group I (Cohen and Prusak, 2002; Coleman, 1988; Quigley, 1996)used individualistic approach; Group II (Bourdieu and Wacquant, 1992; Portes, 1998)defined social capital on the basis of the collectivist approach; and, Group III (Adler and Kwon, 2002; Nahapiet and Ghoshal, 1998; Woolcock and Narayan, 2000)employed both the approaches i.e., individualistic and collectivist. Scientists discussed the comparison between both approaches in detail in different research works (Beilmann et al., 2018; Song, 2020). Yet the creation of social capital and a concise model using both the approaches in view the culture and identity were still deficient in the literature. The perspectives of Social Capital for Pakistan have also been discussed by the authors in detail (Bhatti et al., 2020; Hafeez et al., n.d.; Sana et al., 2020).

The studies over years have contradicted that the purpose of forming ties are either mutual benefit or altruistic behavior. Nevertheless, suggested that individuals establish networks and units for the sense of unity or sharing same identity; as individuals prefer the actions that enhance their honor and value (Wuthnow, 2002).

The aim of this study is to investigate the relationship of religiosity culture and social identity for the creation of social capital. In Pakistan the major religion is Islam having altruistic behavior as a basic tenant which institutionalizes kinship based on the religious ties. Whereas, the people apart from religion, identify with each other on the basis of ethnicity & caste for example people who speak Hindko (native language of Hazara Division) identify themselves as Hazara. Therefore, the shared values and social norms inherent in the language, ethnicity and castes facilitates in forming large homogenous groups. The research intended to study the interaction of public sector healthcare practitioners while creating social capital through religiosity culture and social identity reflecting upon the neo-tocquevillean philosophy that performance of public life and social institutes are affected by the social norms and civic engagements.

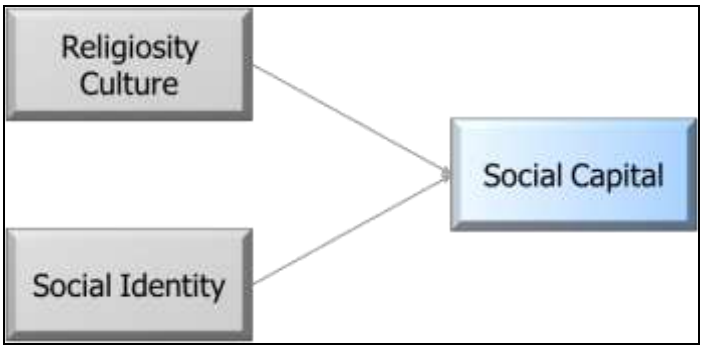

Figure 1: Conceptual Framework

3.1 Proposed Hypothesis

The hypothesis of the study was grounded in the literature and aimed at determining the factor responsible for social capital in the healthcare industry. The proposed hypotheses of this study are given below as follows:

- H1: Religiosity Culture predicts Social Capital.
- H2: Social Identity predicts Social Capital.

Whereas the formulas used in the research for religiosity culture and social identity are given as shown in Eq.1 and Eq.2 respectively.

$$SocialCapital = \alpha + (\beta * \text{Religiosity Culture}) \quad (1)$$

$$SocialCapital = \alpha + (\beta * \text{Social Identity}) \quad (2)$$

4. Research Methodology

The methodology section defines the constructs of the religiosity culture, social identity and social capital. Further, explaining the sample selection, tools used for measurement of the data and techniques used for the data analysis. The validity and reliability tests were carried out because the questionnaire was self-constructed.

The religiosity culture was derived from theanthropologyto the field of organizational behavior, since its inception the term has defied all the rules of scientific consensus with regards to empirical testing. According to (Durkheim, 1947) religiosity culture can be better explained through its characteristics that could be found in the religion. However, (Koenig et al., 2001) defined it as an organized system of beliefs, symbols and practices that extend one's understandingof their relationships and responsibilities towards the society they are part of. The institutions of the religiosity are based on the belief system; whereas the interactions are based on the value system. For this study both the values and belief systems were used to measure the religiosity culture as an extrinsic measure.

Whereas, the social identity comprises of various characteristics that helps an individual to consider him/herself as a part of a group with whom they identify (Ashforth and Mael, 1989). Social identity requires an individual to be a part of the socialgroup where he performs according to the norms of the society to feel accepted (Simon, 1992). This variable was measured through social commitments and interactions.

Social Capital was measured on the trust and trustworthiness of the actors enabling them to achieve goals working collectively (Baron and Hannan, 1994).The social capital also refers to the capital hidden in the relations. (Granovetter, 1992) defines it as social network of the individuals where he mobilizes his contacts to access the resources which would have been possible in the absence of the network.

The population selected for this study comprised of the public healthcare practitioners of Federal Capital of Pakistan comprisingof doctors and nurses. The sample was purposively selected from the 5000 healthcare practitioners of Islamabad only because of the geographical delimitation. Convenience sampling was used because the sampling frame did not exist; sampling of a population has the same generalizability as of the random sampling technique employed on them retaining its uniqueness,if selection biasness is avoided (Hultsch et al., 2002)

According to (Viswesvaran, 1998)subject-variable ratio requires fifteen subjects per variables but in this case there were only three variables requiring the minimum count of 60 subjects but a sample size of 215 was collected forth is study. A Survey questionnaire was designed comprising of two sections: Demographics and Questionnaire designed on Likert Scale having thirty-five questions. Since, the Questionnaire was developed by the researcher; it was tested for the validity and reliability using the Factor Analysis, correlations and alpha reliability respectively. Insignificantly correlated or reverse coded questions were excluded. The reliability of the sub-scales and components extracted were all greater than 0.5, whereas the reliability of the total scale was 0.697.

The primary tool for the data collection was questionnaire. The questionnaire was designed for the said variables i.e., religiosity culture, social identity, social responsibility and social capital, specific to the healthcare industry of Pakistan. Consequently, this questionnaire enquires about the belief system, values and a moral obligation of an individual. This questionnaire is divided into two sections. The first section pertains to the demographic variable whereas; the second section measures the four variables through self-ranking. The purpose of this questionnaire was to gauge the causation of social capital by the social identity and religiosity culture. It also measures the effect of social capital on the social responsibility of the healthcare individuals.

Table 2: Summary of Data Collection

Questionnaire	Respondents	Population Size	Sample Size	Number of Responses Received	Percentage of Responses Received	Variables Measured
Section-I: Demographics Section-II: Main Questionnaire	139- Doctors 76- Nurses	5000	500	215	43%	Religiosity Culture, Social Identity, Social Responsibility, Social Capital.

Busha and Harter (1980) states that to conduct a survey the questionnaire should be administered and fairly designed to improve the results. This study developed the questionnaire fair enough and the questionnaires were self-administered to increase the

response rate and result reliability. The Main Questionnaire was measured using the Likert scale with five options instead of the three and seven. The five-point Likert scale is the widely used because of easy to code and label. This scale rated 1 for strongly disagree, 2 for disagree, 3 for neutral, 4 for agree and 5 for strongly agree.

Prior appointments were made for the survey and were contacted in the premises of the hospital. The questionnaires were self-administered and were returned during the stay. The time duration required to fill a questionnaire was 10-15 minutes with the informal interview regarding the sensitive questions of religiosity and ethnicity. The informal interviews were used to analyze the data that was received through the survey and helped in defining the anomalies occurring. The respondents feel at ease with oral conversations than verbal statements.

The data collected through survey questionnaire was in a self-administered manner such that response error and bias could be avoided, and the researcher is there to answer the questions. For the dispensary and MCH the questionnaires had to be translated in Urdu for the convenience of the respondents as their qualification level was matriculation and intermediate. The statistical techniques applied for the questionnaire development and for the hypotheses testing include respondents' profile, validity and reliability statistics, data description using mean and standard deviation and comparison of demographic variables using ANOVA and t-Test.

5. Results and Discussions

The statistical method used in different disciplines to determine the strength and characteristics of the relationship between dependent and other variables is called Regression. Regression is widely used method to find the importance of dependent variables. Scientists used Regression analysis for different problem solving related to Social Capital (Benbow and Lee, 2019; Carrillo-Álvarez et al., 2019; Saptutyningsih et al., 2020).The findings were based on the testing of the hypothesisusingthelinear regression. Following results were obtained for the Hypothesis 1 i.e., Religiosity culture predicts Social capital. Thus, results from the Table 2.1 revealed that the R value in the model summary expresses the simplecorrelationcoefficientthatwas 59.6 forthis equation

Table 3: Summary of Regression Analysis for Hypothesis 1

	Social Capital	
Variables	**Coefficient**	**Confidence Interval**
Constant	1.109	(0.634- 1.585)
Religiosity Culture	0.731	(0.596- 0.866)
R^2	0.356	
F	113.16	

Whereas N=206, *=P<0.05, ** P<0.10.

However, R^2 explains the amount of variance in the outcome as a ratio of how much variation there was to be explained, which was 162 in totaland this regressionmodel defined 57 percent of the total. However, the $R^2$for theHypothesis1 was 35.6% and F value was significant at 95% confidence interval for 113.631. This F value explainshow accurately religiosity predicted social capital even with the presence of errors. Nevertheless, the t-test next to the β value was significant at $p<0.05$ at 10 explains predictor contributes significantly to the outcome variable. Thus, it was concluded that Religiosity culture contributes 36 percent in explaining social capital and H1 was not rejected.

Table 4: Summary of Regression Analysis for Hypothesis 2

Social Identity as Predictor		
Variables	**Coefficient**	**Confidence Interval**
Constant	1.559	(1.02-2.09)
Social Capital	0.67	(0.49-0.84)
R^2	0.226	
F	60.04	

Whereas, N=206, *=P<0.05, ** P<0.10.

The Table 4 reflects the results for the Hypothesis H2 i.e., Socialidentity predicts social capital. The results show that the correlation for the social identity and social capital was estimated to be 47.5%. The total variance to be explained was 164 and social identity explained 37 percent of that. R^2 was estimated to be around 22percent with the F-value of 60.47 at the significance level of 95 percent. However, the Beta (β)was estimated to be 67 percent corresponding with the t 7.7 at $p<0.05$. Thisexplainsthat the contribution of social identity to the social capital was significant for this model in the presence of the errors. Thus, the hypothesis H2 was not rejected implyingthat social identity causes socialcapital.

The results were in accordance with the (Wuthnow, 2002)that social capital uses culture bonding and identity bridging. Share values, culture, and social networks to which the individuals belong, in turn influence behavior, the economy's functioning and the legal and institutional basis (Hofstede, 2001).(Putnam, 2000)states that religious attachments are also a contributor to the social capital. Religiosity affects the number and diversity of ties in enterprises in a higher proportion (Ramasamy et al., 2010). However, the previous studies used religious involvements only as the creation of the social capital, but this study used involvement and belief system. It is believed that all big religions of the world such as Christianity, Islam, Buddhism, Hinduism, Confucianism, etc. preach social responsibility and support (Ramasamy et al., 2010). The variable of the religiosity culture does notuse empirical studies often either because of the sensitivity or improper tools. But this provided the future researchers with the tool and constructs that could be used for the measurement.

The results for the social identity are in accordance with the (Wuthnow, 2002)that individuals look outside their circles and institutes to enhance the social capital. However, the contribution to the social capital was lesser than religiosity culture as Putnam (2000) suggests that it is created by individuals from middle and upper middle class mostly. Nevertheless, the results were in accordance with the (Woolcock and Narayan, 2000)that developing countries should be moving towards the bridging instead of the religious bonding.(Servaes and Tamayo, 2017), suggest that social capital can be put together through activities of CSR. In adding up to the investments in human, physical and intellectual capital, firms are required to extend the priorities related to social capital based on the relationship qualityestablished by a firm with various stakeholders (Farooq et al., 2019). It is believed that by paying attention to the wants and unattended social needs of the community (Hao et al., 2018).This study shows that the focus of the social capital is religious groups and beliefs instead of social identity. Also, the decision makers have to take into account the religious affiliations of the employees as well as their culture in order to mobilize the social capital to enhance the effectiveness of healthcare industry.

6. Conclusion

This study revealed that hypothesis 1 and 2 were not rejected. So, the study concludes that religiosity culture and social identity predicts social capital. These results are in congruence with Putnam (2000) stating that religiosity culture is abetter opportunity for the creation of social capital using bonding concept as compared tothe social identity using bridging concept. The network ties for the religiosity culture are strong for the under developed countries. The managerial implications for this study lies in this fact as the mangers have to create and cultivate the values vital for the identity creation such as reward management, recognition, work environment, inter-personal relations and motivating factors using Herzberg's Two Factor theory. For the policy makers this would help them in utilizing what they have and cultivating identity among the healthcare professionals. The health care professionals require social responsibility which tends to be on the downfall, thus measures are needed to enhance it. There are no research implications for Doctors and other health professionals because the participants who belong to health sector such as Doctors and Nurses have been consulted for filling of the questionnaire. The data anonymization techniques were applied so that privacy of the participants can be ensured. The future recommendations for this study include religiosity culture with only two constructs beliefs and groups whereas there are number of other items that could lead to religiosity culture. These items include religious affiliations and attendance of the religious activities which this study didnottake intoaccount. Another gapfor future research lies in testing for the factors that made social identity less significant for this society. Thus, religiosity culture and social identity predicts the social capital for the healthcare professionals of Pakistan working in public sector.

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